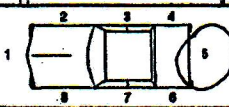
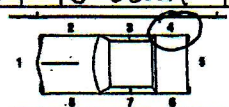


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 2 3 0 3 0 0		ODHS USE ONLY - DO NOT MARK ABOVE									
REPORT <input type="checkbox"/> AT STATION TAKEN <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH 05/08/15		DAY FRI		TIME MILITARY 1506					
CRASH OCCURRED ON 1425 Columbus Ave.						WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)						CITY CODE					
LOG-1		LOG-2		LOC JUR FH3 FILT													
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Geico									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Etchison, Brittany N.						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 40 West South St. Harveysburg, OH 45032											
PHONE NO (937) 681-4798		BIRTH DATE 12/06/91		AGE 23 SEX F		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO TT037425		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME						ADDRESS						PHONE					
VEH YR 2000		MAKE Ford		MODEL Taurus		COLOR Blue		STYLE 45		STATE OH		LICENSE PLATE NO GKN 8524		TOWING SERVICE		VEH/PED DIR FROM S TO N	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Allstate									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Beasley, Zachary M.						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 8231 Cierra Way Waynesville, OH 45068											
PHONE NO (937) 350-5415		BIRTH DATE 06/21/94		AGE 20 SEX F		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO TT517151		OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME) Michael D. Nelson						ADDRESS 747 Grand Wood Ct. Springboro, OH 45066						PHONE					
VEH YR 2008		MAKE Nissan		MODEL Sentra		COLOR Blue		STYLE 45		STATE OH		LICENSE PLATE NO DVB 1824		TOWING SERVICE		VEH/PED DIR FROM W TO E	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m d y		AGE		POSITION A B C D E F				INJURIES A B C D E F			
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m d y		AGE		SEX				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m d y		AGE		SEX				CONDITION A B C D E F			
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE m d y		AGE		SEX				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
A B C		INJURED TAKEN TO				By		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
D E F		INJURED TAKEN TO				By		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN							
A		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORC		EJECTION A B C D E F		DRUGS A TESTED YES NO B TESTED YES NO							
D		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORC		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					
RECEIVED CALL 1506		DISPATCHED 1507		ARRIVED 1512		CLEARED 1524		OTHER TIME 15		TOTAL MINUTES 27							
DATE REPORT FILED 05/08/15		PHOTOS YES		OFFICER'S NAME P.H.C. Brock		BADGE NO. 106		CHECKED BY									

2015-7481